

SMITHSONIAN INSTITUTION
Memorandum

To: Manager, Financial Management Department

From: Signature: _____

Subject: **Cancellation of Use-or-Lose Annual Leave for:**

Date:

Please indicate below whether you approve or disapprove of my cancellation of the above-named employee's use-or-lose annual leave based on an exigency of the Smithsonian. Approval of the cancellation of the leave must accompany a request to the Department of Human Resources to restore annual leave, which would otherwise be forfeited. I believe it is necessary to cancel the scheduled leave because:

This situation began on _____ and is expected to continue until _____. I do not believe it will be feasible to delay the work or reschedule the employee's leave before the end of the leave year because:

The leave to be cancelled was scheduled from _____ to _____, and included _____ hours of use-or-lose annual leave. This leave was approved in writing on _____. (A copy of the webTA request is attached.) Cancellation of this leave may result in the employee forfeiting this leave because it is unlikely that the leave can be rescheduled before the end of the leave year.

FM Approve cancellation: _____ Date: _____

FM Disapprove cancellation: _____ Date: _____

Attachment